



School Information:

School Name: _____

Grade Level(s): _____ Number of: Students: _____ Adults: _____

School Address: _____

School Phone Number: _____

Teacher's Extension: _____

School District: _____

Please indicate 1st and 2nd Choice: (F.A.Q. page for information)

1st: Date: _____ Time: _____ Location: _____

2nd: Date: _____ Time: _____ Location: _____

Teacher's Information:

Have you been through our program before? Y or N

How many years have you been attending? _____

Teacher's Name: _____

Home Address: _____

Home Phone #: _____ E-mail: _____

Fees:

Fees are \$3.00 per attendee. Make checks payable to: **"Sacramento Historic Sites Association"**

Send Completed Applications and deposit/payment to:

Sutter's Fort River Trip
2701 L Street
Sacramento, CA 95816

A \$25.00 deposit must accompany your application. Full payment must be received by Monday Sept. 15, 2008. Only full payment confirms your reservation.

Deadline:

Full Payment must be received by Monday Sept. 15, 2008

Contact Us:

If you have questions or need more information, please call 916-375-5966, leave a message with your phone number and the best time to return your call. Or e-mail us at suttersfortrivertrip@parks.ca.gov.

